

SRF - DISBURSEMENT REQUEST INFORMATION

1. Community: CITY OF WEST LAFAYETTE 1a. SRF Loan Number: CS 18240001
2. Mailing Address: 609 W. Navajo Street 2a. Request No.: ONE HUNDRED TWELVE
West Lafayette, IN 47906
3. Contact Person: Judith C. Rhodes 3a. Contact Phone No.: (765) 775-5150
4. Community's Authorized Representative: MAYOR JOHN R. DENNIS OR CLERK-TREASURER JUDITH RHODES
5. Authorized Representative's Phone No.: (765) 775-5100
6. Description of work for which claim is being made (service, fees, type of, etc.):
Western Sanitary Sewer Interceptor-Design Engineering Services Division IV

<u>7. Contractor</u>	<u>7a. Address</u>	<u>Amount Requested</u>
GREELEY AND HANSEN	LOCKBOX 619776 P.O. BOX 6197 CHICAGO, IL 60680-6197	\$ <u>16,243.00</u>
9. Original Loan Amount:		\$ <u>12,380,000.00</u>
10. Total Amount of Previous Disbursements		\$ <u>9,945,174.00</u>
11. Amount of this Request.....		\$ <u>16,243.00</u> <small>(Amount to Contractor plus retainage)</small>
12. Balance Available after this Disbursement.....		\$ <u>2,418,583.00</u>
13. Is a portion of the claim underlying this Request subject to retainage under I.C.36-1-12-14 or similar law? YES _____ NO <u>X</u>		
14. If yes, the retainage amount is <small>(This amount will be sent to the retainage account set forth below and the remainder will be sent directly to the contractor identified above.)</small>		\$ <u>0.00</u>

Name of Bank: _____

Retainage Account Number: _____ Routing Number: _____

15. Has the Qualified Entity paid the request and is now seeking reimbursement? YES _____ NO X

16. Is any part of this claim a result of a change order? YES _____ NO X

17. Is this the final payment to the contractor? YES _____ NO X

The undersigned hereby certifies that this Request is true and correct, that the claim underlying this Request is legally due (and is payable from SRF) in accordance with the Community's Financial Assistance Agreement with the State.

18. DATE: JULY 26, 2010

18a. _____

AUTHORIZED REPRESENTATIVE SIGNATURE

Mayor John R. Dennis

Judith C. Rhodes, Clerk-Treasurer



GREELEY AND HANSEN

100 S. Wacker Drive, Suite 1400
Chicago, Illinois 60606
p 312 558 9000
f 312 558 1986
www.greeley-hansen.com

July 9, 2010

RECEIVED

JUL 13 2010

UTILITY DIRECTOR

Mr. David Henderson
Utility Director
City of West Lafayette
500 South River Road
West Lafayette, IN 47906

Subject: Western Sanitary Sewer Interceptor Division IV Design
Invoice No. 319188

Dear David:


The enclosed invoice is for design services in connection with the Western Sanitary Sewer Interceptor Division IV project. Invoice No. 319188 provides services from May 29, 2010 through June 25, 2010.

Please call me if you have any questions.

Thank you.

Very truly yours,

Greeley and Hansen


Joseph M. Teusch
JMT/img

INVOICE

For customer service, call 312 578 2375.



GREELEY AND HANSEN

P.O. Box 6197
Chicago, Illinois 60680-6197
p 312 558 9000
www.greeley-hansen.com

Invoice Number: INV-0000319188

Invoice Date: 07/09/2010

Description: AUTHORIZATION: FOR DESIGN ENGINEERING SERVICES FOR THE WESTERN SANITARY SEWER INTERCEPTOR IN ACCORDANCE WITH THE AGREEMENT DATED JULY 27,2004.

Bill To:
CITY OF WEST LAFAYETTE
ATTN: MR. DAVID HENDERSON
UTILITY DIRECTOR
500 SOUTH RIVER ROAD
WEST LAFAYETTE, IN 47906

Remit To:
GREELEY AND HANSEN
LBX 619776
P.O. Box 6197

CHICAGO, IL 60680-6197

Customer Number: 0791

Prime Contract Number:

Project Number: 07914.01
Project Name: WESTERN SANITARY SEWER
Terms: NET 30
Due Date: 08/08/2010

	Contract Value
Cost:	1,125,038.00
Fee:	0.00
Total:	1,125,038.00
Cumulative Amount Billed:	1,019,753.67

Billing Period From: 05/29/2010
To: 06/25/2010

	Current Amount	Cumulative Amount
D/L with multiplier	16,242.82	915,218.44
Total Labor	16,242.82	915,218.44
Sub-Consultant	0.00	97,112.60
Travel	0.00	2,191.87
Printing	0.00	1,984.00
Miscellaneous	0.00	114.93
Total ODC's	0.00	101,403.40
Mark-up on Sub-Cons	0.00	3,131.83
Mark-up on Sub-Cons	0.00	3,131.83
Invoice Total	16,242.82	1,019,753.67

Current Incurred Hours: 155.50

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Invoice Number:	INV-0000319188	Project Number:	07914.01	Project Name:	WESTERN SANITARY SEWER	Invoice Date:	07/09/2010
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Non-T&M Labor Supporting Schedule

Group Description:		Total Labor		
Labor Cat Desc	Employee/Vendor	T/S Date	Current Hours	Current Amount
01 CIVIL- SANITARY ASSOCIATE	BARBER, D. BRETT		1.50	96.36
01 CIVIL- SANITARY ASSOCIATE	POEHLS, THOMAS E		5.50	342.21
01 CIVIL- SANITARY ASSOCIATE	TEUSCH, JOSEPH M		34.00	1,568.76
01 CIVIL- SANITARY ASSOCIATE			41.00	2,007.33
02 CIVIL-SANITARY ENGINEER	HEALY, TIMOTHY S		0.50	17.65
02 CIVIL-SANITARY ENGINEER	NAGARAJAN, KAVITHA R		59.25	1,828.46
02 CIVIL-SANITARY ENGINEER	THOMPSON, ANDREW L		2.00	83.80
02 CIVIL-SANITARY ENGINEER			61.75	1,929.91
04 CIVIL- SANITARY DRAFTER	RODENBECK, MATTHEW J		52.75	1,353.58
04 CIVIL- SANITARY DRAFTER			52.75	1,353.58
D/L with multiplier			155.50	5,290.82
Total Labor			155.50	5,290.82